**Peace Lutheran Church**

College Station, Texas

At Peace, we are forgiven by God’s grace, renewed by

Christ’s love, and called to celebrate, learn, and serve.

**Peace Lutheran Church Event Release Form**

**Effective Dates: September 2018 to September 2019**

Please print in ink. Each participant (including adults) must have this form on file to participate in activities. Please fill out accordingly.

**Participant’s Info:**

Name: Age: Birthday:

Grade in school: ❑ Male ❑ Female E-mail: \_\_\_ \_\_\_\_\_

Address: City: Zip:

Home Phone: Cell Phone: Text Message: ❑Yes ❑No

Physician: Office Phone:

Dentist: Office Phone:

Medical Insurance Company: Policy #

**PLEASE ATTACH A COPY OF PARTICIPANT’S HEALTH INSURANCE CARD**

**Parent/Guardian Info:**

Mother’s (Guardian) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_

E-mail \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Home\_\_\_ \_\_\_ \_\_\_\_\_

Work Cell Text Message: ❑ **Yes** ❑ **No**

Father’s (Guardian) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Home \_\_ \_\_\_\_

Work Cell Text Message:❑ **Yes** ❑ **No**

Emergency Contact: Phone: Home

Work Cell

**Medical History:**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

**Check the following areas of concern for this participant.** If necessary, attach another page with details.

1. For the participant’s safety and our knowledge, is he/she a:

❑ good swimmer ❑ fair swimmer ❑ non-swimmer

1. Does the participant have any allergies to any of the following? If yes, please list:

❑ pollens ❑ medications ❑ food ❑ insect bites

1. Does the participant suffer from, or has ever experienced, or is being treated for any of the following:

❑ asthma ❑ epilepsy/seizure disorder ❑ Heart disorder

❑diabetes ❑ frequently upset stomach ❑ other

1. Date of last tetanus shot:
2. Does the participant wear: ❑ glasses ❑ contact lenses ❑ hearing aid ❑ braces/retainer
3. Please list and explain any major illnesses the participant experienced during the last year:
4. Should the participant’s activities be restricted for any reason? Please explain:
5. Please list the medications the participant takes regularly. Please include all pertinent information, including dosage, times taken etc.

**If medications will be taken during a Youth Event they must be turned in to event facilitator or youth director prior to the event. Medications will be placed in a safe place to be distributed at the times indicated on prescription labels or parents written instructions.**

**Participants are expected to conform to the following rules at all times during a PLC Youth Event:**

No possession or use of alcohol, drugs or tobacco products.

No students can drive except when authorized by their parent/guardian.

No fighting, weapons, fireworks, lighters, explosives or anything else that can be used as a weapon.

No offensive or immodest clothing. Please honor God and each other with what you wear.

No boys in girls’ sleeping quarters and no girls in boys’ sleeping quarters.

Participation with the group is expected.

Honor God, each other and yourself in all that you do.

Respect one another, leaders and staff

Respect and comply with event schedules

***Participants who fail to comply with these expectations may be sent home at their parents’ expense.***

I, the participant, have read the rules of conduct, the above evaluation of my health and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Participant’s signature: Date:

**Release and Indemnity Agreement**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant’s name) has my permission to attend all activities sponsored or participated in by Peace Lutheran Church and to ride with drivers designated by the pastor, employee, staff, chaperon, agent or other volunteer of Peace Lutheran Church.*

*I also grant permission to the staff member in charge of the event or his/her designee to seek and authorize medical attention for the named participant and release Peace Lutheran Church, its pastors, employees, church council, volunteers, agents, and chaperons from any and all liability for personal injury, death and damages suffered by the named participant and agree to indemnify and hold harmless Peace Lutheran Church, its pastors, employees, church council, volunteers, agents, and chaperons from any and all liability for personal injury, death and damages suffered by the named participant.*

*I authorize and direct Peace Lutheran Church, through its pastors, employees, staff, agents, chaperons and volunteers to consent to any and all medical and other emergency services the pastor, employee, staff member, agent, chaperon, and/or volunteer, in his or her sole discretion, may deem necessary or desirable for my child or other person over whom I have legal custody or guardianship. In the event of emergency transportation and/or treatment by a physician or other health care professionals, I release Peace Lutheran Church, its pastors, employees, council, staff, chaperons, and volunteers from any and all claims, demands, or suits for all bodily injury, death or damages arising from or out of the giving of such consent and the rendering of such transportation or health care services to my child or person over whom I have legal custody or guardianship.*

*I acknowledge and agree that I will be responsible for the cost of all transportation and health care services rendered my child or person over whom I have legal custody or guardianship and agree to indemnify and hold harmless Peace Lutheran Church, its pastors, employees, council, staff, agents, chaperons, and volunteers from the cost of all transportation and health care services rendered my child or person over whom I have legal custody or guardianship. I further affirm that the health insurance information provided by me is accurate at this date and will be in force for my child or legal ward at the time of the event in which he or she is participating. I also agree to be solely responsible for the payment of all transportation expenses associated with bringing my child or other person over whom I have legal custody or guardianship home should they become ill or if deemed necessary by the pastor, staff, employee, chaperon, volunteer or other person in charge of the event.*

*I understand that Peace Lutheran Church photographs or records activities sponsored or participated in by Peace Lutheran Church, for use in connection with official Peace Lutheran Church publications, its web site, or in social media. By allowing my child to participate, I give my consent for Peace Lutheran Church to record and use my child’s image to promote and share it’s mission. I further understand that if I do not wish for my child’s image to be published that it is my responsibility to notify the youth director prior to any youth event.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_

*Parent/Guardian/Adult Signature*